

Name  
in  
Full

Mary Berry

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> near Glenwood<sup>County</sup> HowardDate of death 1907 <sup>Month</sup> August <sup>Day</sup> 13Age <sup>Years</sup> 28<sup>Months</sup> 5<sup>Days</sup> 3

Sex Female

Color or  
Race

African

Birth-  
place

Howard Co.

Married, Single  
or Widowed

Married

Occupation

Housewife

Name of Wife or  
Husband

William Berry

Father's  
Name

Samuel Smith

Father's  
Birthplace

Howard Co.

Mother's  
Maiden Name

Susan Raguel

Mother's  
Birthplace

Il

Name of person giving  
Information

William Berry

How related  
to deceased

Husband

## CAUSES OF DEATH

138

Primary

Puerperal Convulsions

How long

1 hour

Immediate

Rupture of heart muscle

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. Walter Sam. M.D.

Glenwood

Howard Co. Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Altha Reed Burdett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

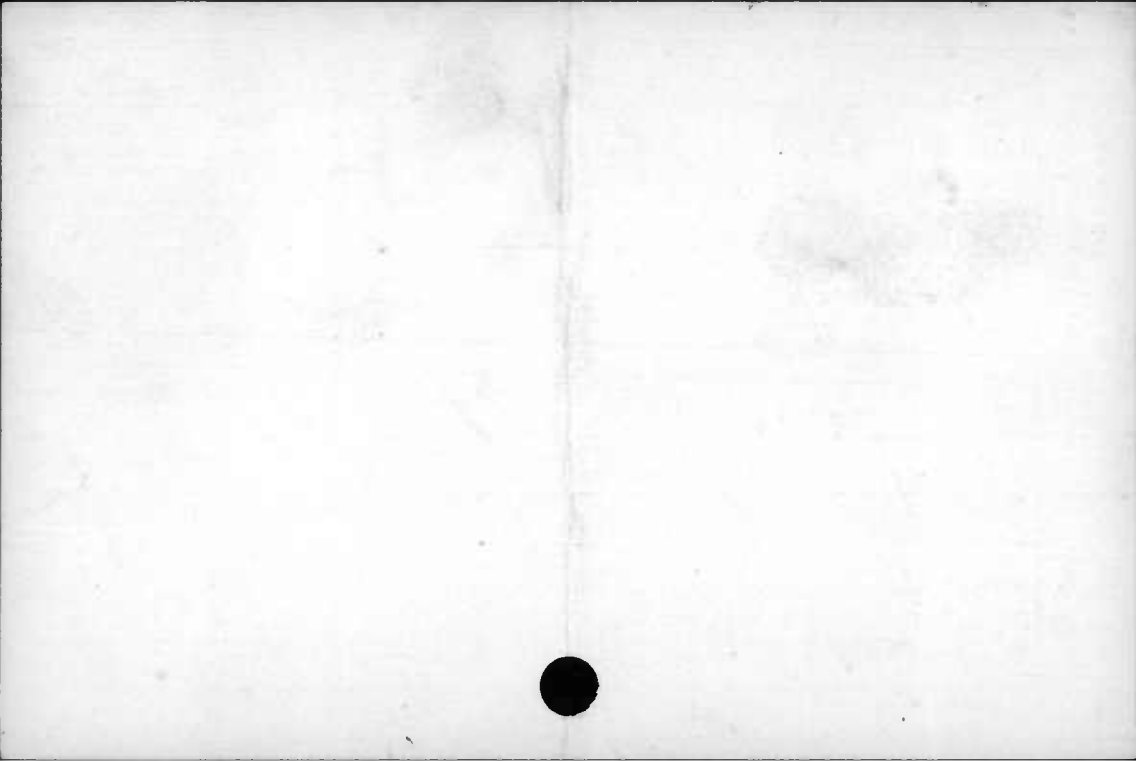
Died at <i>Wm Long Corner</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Aug</i>	Day <i>31</i>	Age	Years <i>4</i>	Months <i>11</i>	Days
Sex <i>Female</i>	Color or Race <i>white American</i>		Birth-place <i>Montgomery Co. Md.</i>				
Occupation			Where Residing if not at place of death <i>Wm Long Corner</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Richard H. Burdett</i>				Father's Birthplace <i>Howard Co.</i>			
Mother's Maiden Name <i>Effie Reed Standy</i>				Mother's Birthplace <i>Howard Co.</i>			
Name of person giving information <i>Rennie Burdett</i>				How related to deceased <i>Grandfather</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>3 days</i>
Immediate <i>Meningitis</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. L. Gaven</i>
	Address <i>Mt. Airy Md.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
• NEAREST FRIEND

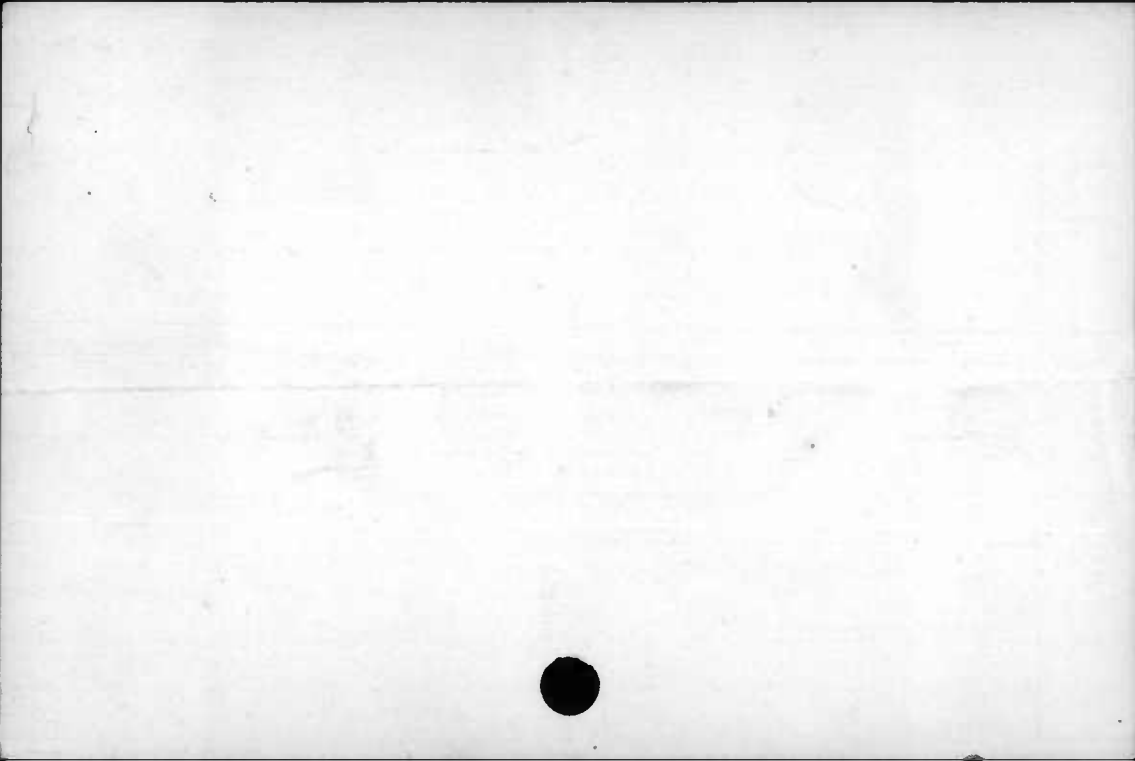
Name in Full <i>C. Georgianna Carr</i>		Town <i>Highland</i>		County <i>Howard</i>		MARYLAND	
Died at <i>Highland</i>		Month <i>Aug</i>		Day <i>25</i>		Years <i>68</i>	
Date of death <i>1907</i>		Months <i>3</i>		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>Highland</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Thomas Carr</i>					
Father's Name <i>George Walters</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Catherine Brown</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Sallie Cissel</i>		How related to deceased <i>Niece</i>					

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <i>Bronchial Pneumonia</i>	How long <i>1 yr</i>
Immediate <i>Asthenia &amp; Apnoea</i>	How long <i>Progressive</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. H. Cissel</i>
	Address <i>Highland</i>
Accident or Suicide?	



Name  
in  
Full

Hannie Garnett Clark

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ellicott City</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death	1907	Month	Aug	Day	18	Age	1
Sex		Female		Color or Race		White	
Occupation		Infant		Birth-place		Maryland	
Where Residing if not at place of death		Near Ellicott City Md					
Married, Single or <del>Widowed</del>		Name of Wife or Husband					
Father's Name		J. Booker Clark				Father's Birthplace	
Mother's Maiden Name		Ellen Finley Griffith				Mother's Birthplace	
Name of person giving information		J. Booker Clark				How related to deceased	
						Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Enterocolitis	How long	8 days
Immediate	Heart Failure	How long	4 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	B. J. Byrne
		Address	Ellicott City Md
Accident or Suicide?			

St. John



Name  
in  
Full

Matthew Leates


## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Albchester</i> Town		<i>Howard</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug.</i>	Day <i>6</i>	Age <i>no</i> Years	Months <i>3</i>	Days <i>no</i>
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>Albchester</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Matthew Leates</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Louise Kendales</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Matthew Leates</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	(93)	How long <i>7 days</i>
Immediate <i>Heart-failure</i>		How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. J. Byrnes</i>	
	Address 	
Accident or Suicide? <i>No</i>		

Free town

Aug 7/09

Name  
in  
Full

Mamie Coleman

## CERTIFICATE OF DEATH

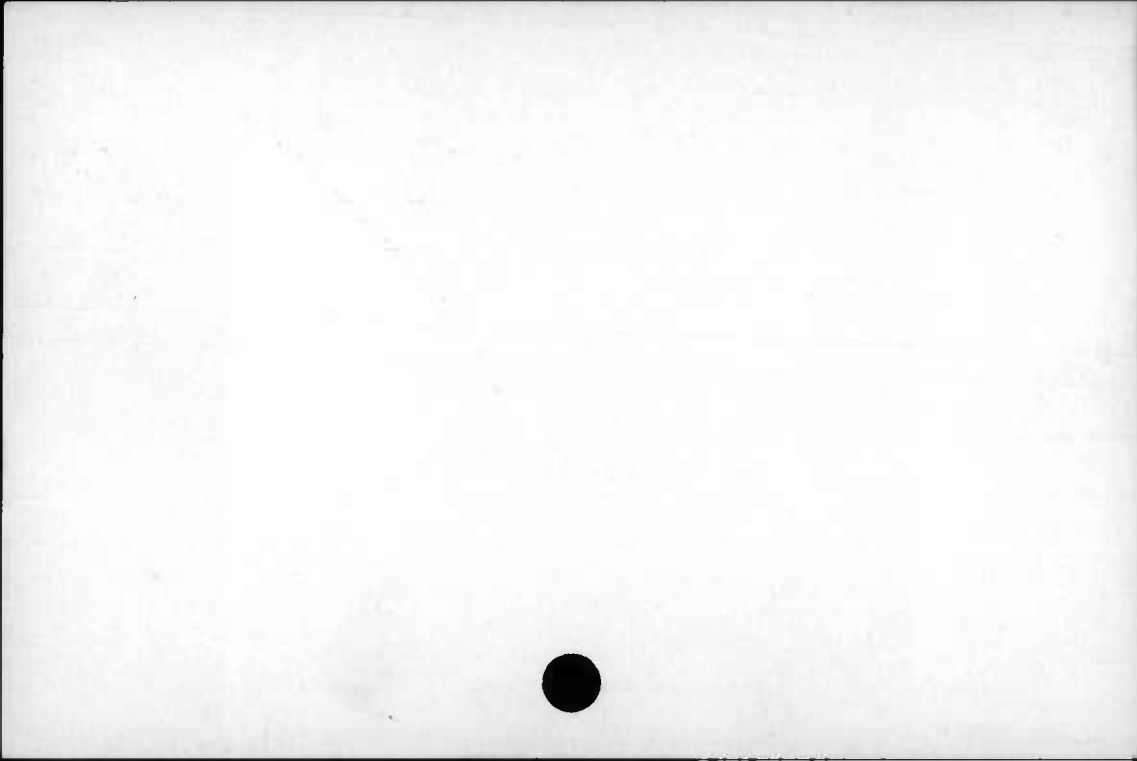
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dorsey's Run</i>		Town <i>Howard</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>August</i>	Day <i>2</i>	Age <i>45</i>	Years	Months	Days	
Sex <i>female</i>	Color or Race <i>black</i>		Birth-place <i>dont know</i>				
Occupation <i>house keeper</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>Mamie Coleman</i>						
Father's Name <i>dont know</i>	Father's Birthplace <i>dont know</i>						
Mother's Maiden Name <i>dont know</i>	Mother's Birthplace <i>dont know</i>						
Name of person giving information <i>Joseph Hamt sheriff</i>	How related to deceased <i>not related</i>						

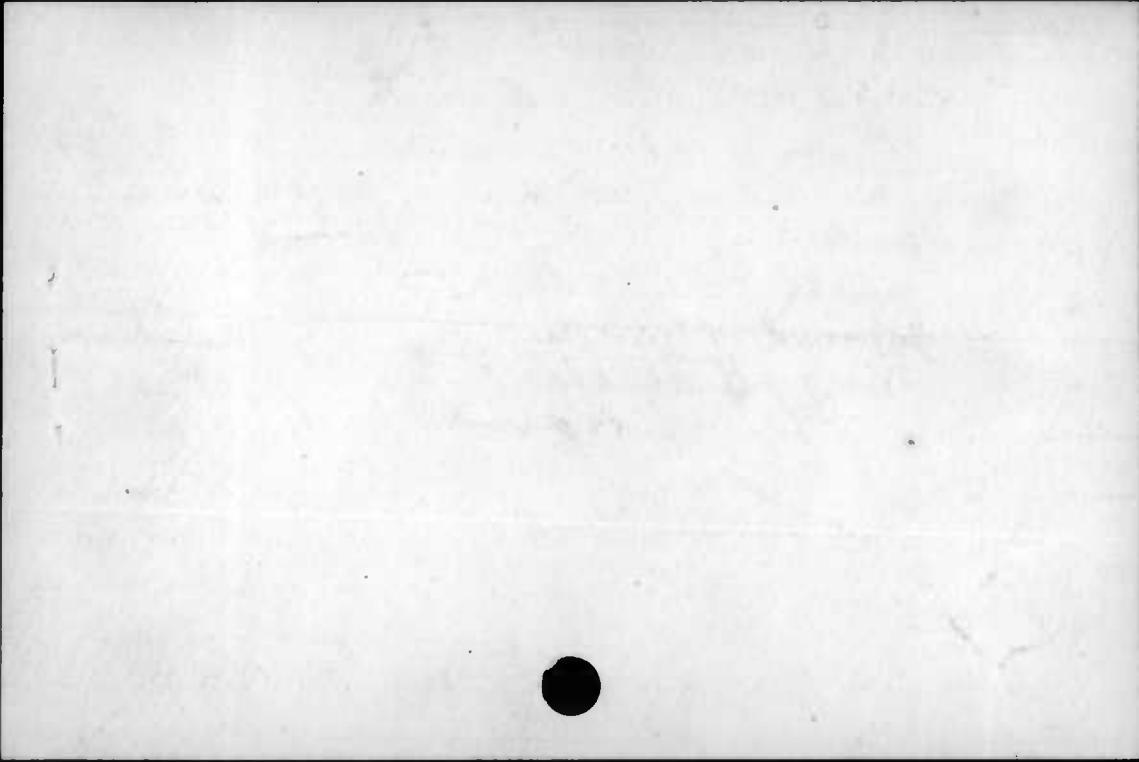
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Killed by Pistol Shot</i>	How long <i>few minutes</i>
Immediate <i>murder</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Bernard W. Wallenkord, J.P.</i>
<i>murder.</i>	Address <i>acting coroner Ellicott City Maryland</i>
Accident or Suicide? <i>_____</i>	



Name in Full		Rose Emma Dearing				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Elk Ridge		Howard		MARYLAND	
	Date of death	1907	Month	Aug	Day	5 <sup>th</sup>	Age
	Sex	female		Color or Race	white		Birthplace
	Occupation	none		Where Residing if not at place of death		Elk Ridge	
	Married, Single or Widowed	—		Name of Wife or Husband		—	
	Father's Name	John Dearing				Father's Birthplace	Maryland
	Mother's Maiden Name	Emma Barklage				Mother's Birthplace	Maryland
Name of person giving information	Jno Dearing				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cholera infantum				How long	one day
	Immediate	same				How long	“ “
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
	Accident or Suicide?		no		Elk Ridge Md		



Name  
in  
Full

Samuel H. Dennis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

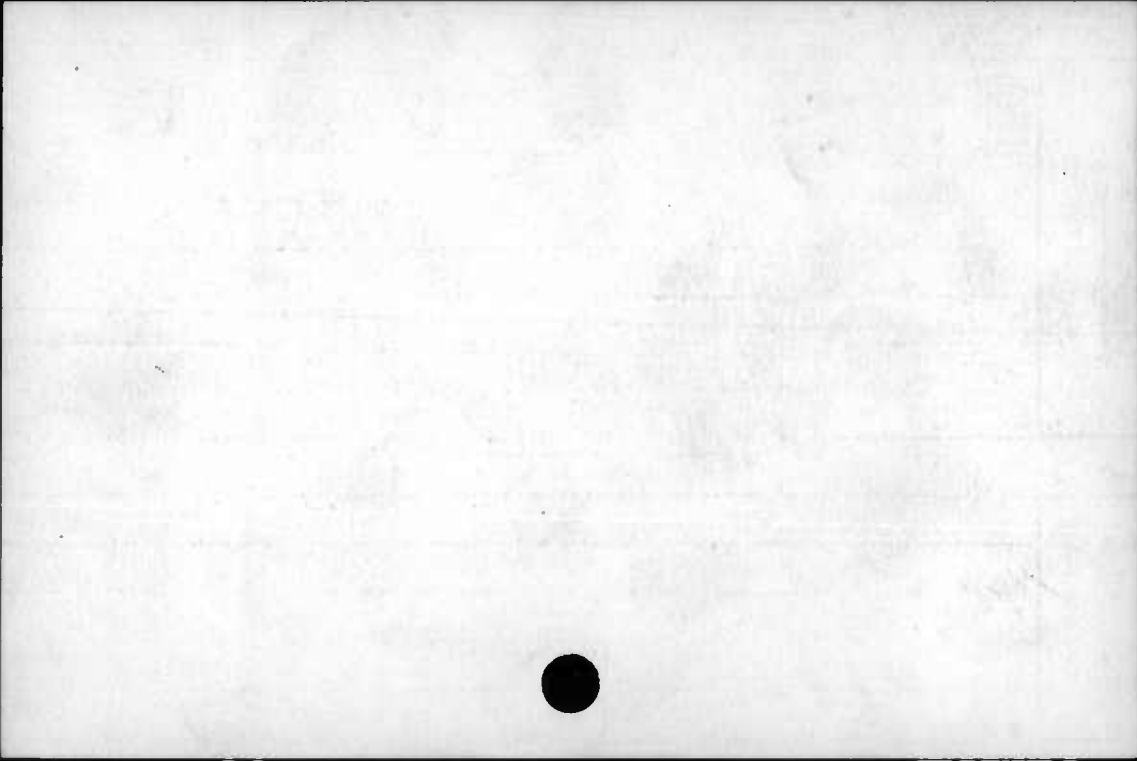
Died at <u>Elioak</u> Town		County <u>Howard</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Aug</u>	Day <u>27</u>	Age <u>ho</u> Years	Months <u>6</u>	Days <u>14</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>none</u>	Where Residing if not at place of death <u>Elioak</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>				
Father's Name <u>John Dennis</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Mary Rachel</u>	Mother's Birthplace <u>Pa.</u>				
Name of person giving information <u>John Dennis</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

151

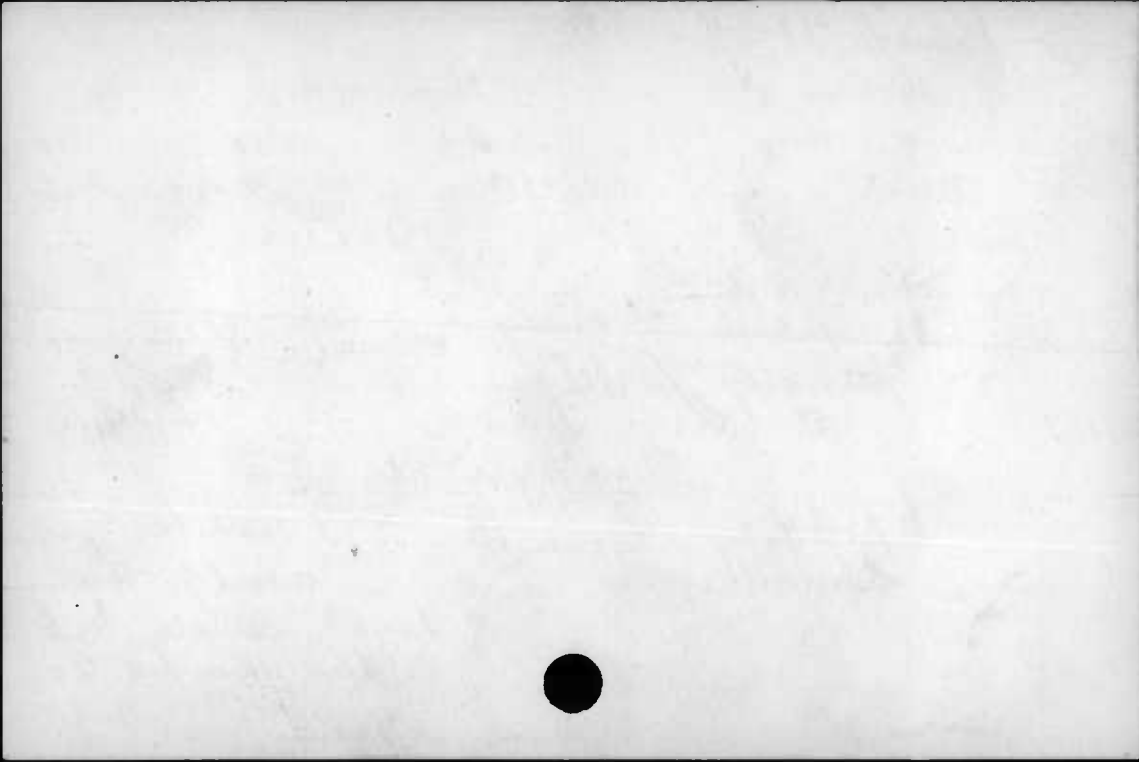
PHYSICIAN  
OR CORONER

Primary <u>Head Assimilation</u>	How long <u>2 hours</u>
Immediate <u>In Arteries</u>	How long <u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John B. Rogers</u>
	Address <u>Elioak</u>
Accident or Suicide?	





# CERTIFICATE OF DEATH



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

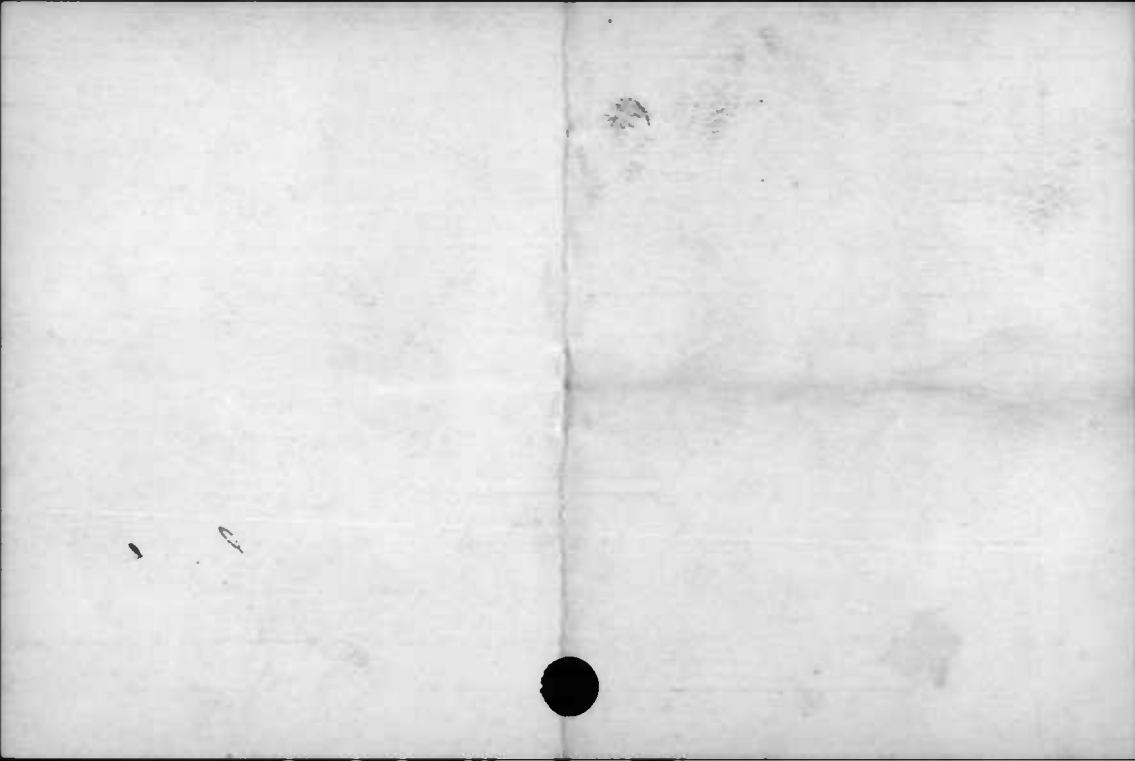
Died at <i>booksville</i>		Town <i>Howard</i>		County <i>Howard</i>	
Date of death <i>1907</i>	Month <i>8</i>	Day <i>23</i>	Age <i>47</i>	Years <i>-</i>	Months <i>-</i>
Sex <i>Female</i>	Color or Race <i>black</i>		Birthplace <i>ms</i>		
Occupation <i>housewife</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Andrew Dorsey</i>			
Father's Name <i>Madison Dorsey</i>			Father's Birthplace <i>ms</i>		
Mother's Maiden Name <i>Mary Anderson</i>			Mother's Birthplace <i>ms</i>		
Name of person giving information <i>Andrew Dorsey</i>			How related to deceased <i>husband</i>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis Pulmonary</i>	How long	<i>12 mos</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>M. Frank Lucas, M.D.</i>	
		Address <i>Sykesville, Md.</i>	
Accident or Suicide? <i>-</i>			



Name  
in  
Full

Isiah, W. Dorsey

## CERTIFICATE OF DEATH

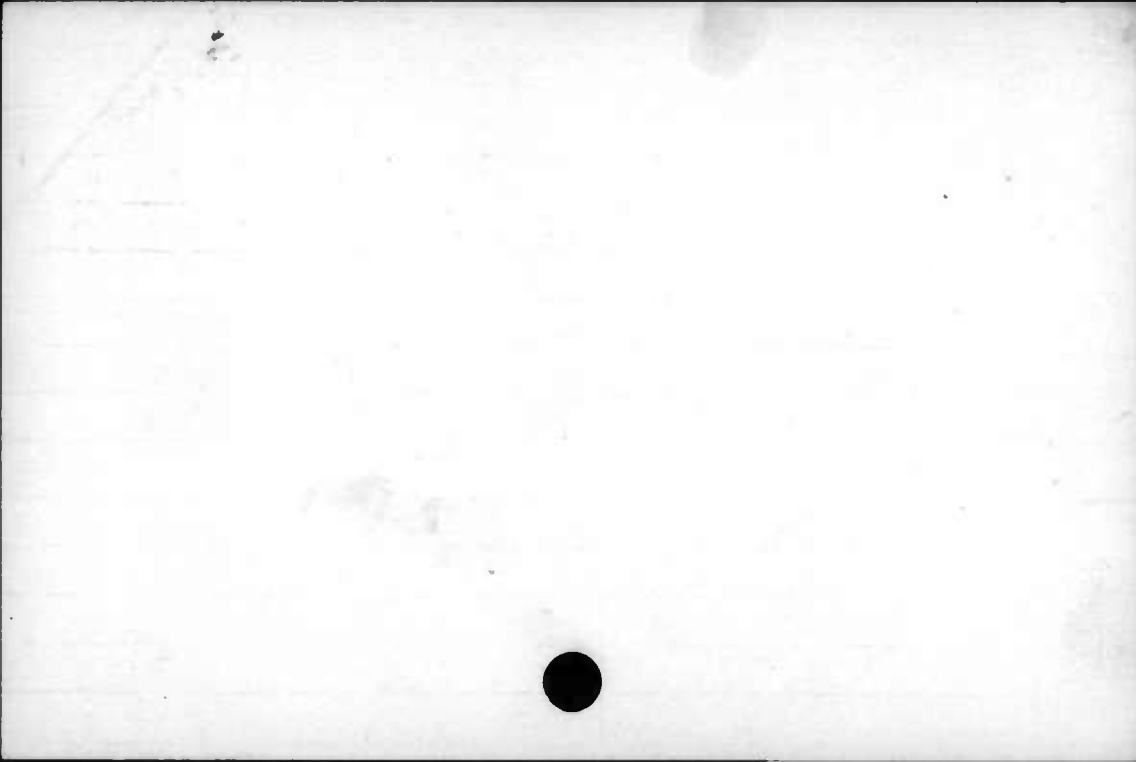
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rover</i>		Town <i>Howard</i>		County <i>Howard</i>		MARYLAND	
Date of death 1907	Month <i>aug</i>	Day <i>31</i>	Age <i>23</i>	Years <i>23</i>	Months <i>10</i>	Days	
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth-place <i>Rover, Md</i>			
Married, Single <del>Married</del>		Occupation <i>none</i>					
Name of Wife or Husband <del>Isiah Dorsey</del>							
Father's Name <i>Warfield Dorsey</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Fleming Fletcher</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Andrew Dorsey</i>				How related to deceased <i>brother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Epilepsy</i>	How long <i>all his life</i>
Immediate <i>convulsions</i>	How long <i>about 1/2 hr</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Benj G. Shiple, M.D.</i>
	Address <i>Alpha Howard Co Md</i>
Accident or Suicide?	



Name

In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

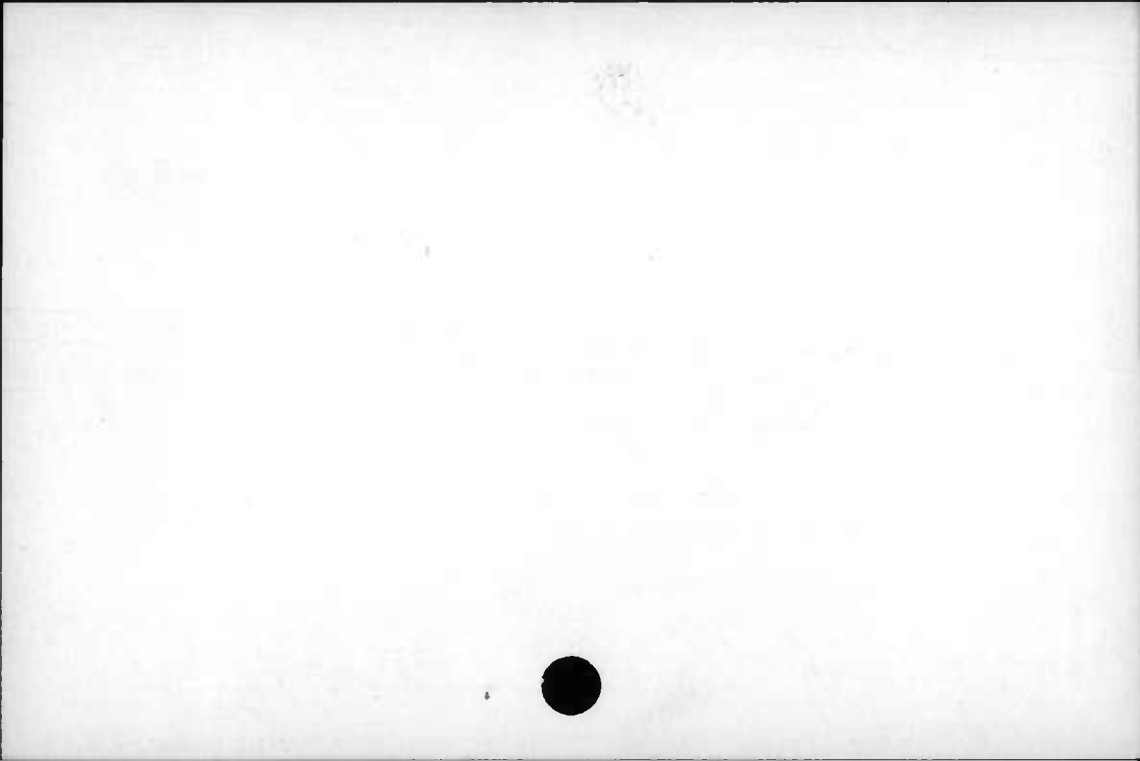
Died at <i>Cornwall</i> Town			<i>Haverd</i> County			MARYLAND					
Date of death 190		7	Month	8	Day	30	Age	Years	Months	Days	4
Sex		<i>Male</i>		Color or Race		<i>Colored</i>		Birth-place		<i>Cornwall</i>	
Married, Single or Widowed						Occupation					
Name of Wife or Husband											
Father's Name						<i>Geo Derry</i>					
Mother's Maiden Name						<i>Florence Fisher</i>					
Name of person giving information						<i>Florence Derry</i>					
Father's Birthplace						<i>Haverd Co</i>					
Mother's Birthplace						<i>Haverd Co</i>					
How related to deceased						<i>mother</i>					

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary		<i>Seven months child</i>		How long		<i>4 days</i>	
Immediate		<i>" "</i>		How long		<i>" "</i>	
Are the name, age, sex, color, date and place correctly given above?				<i>Yes</i>			
Signature of Physician				<i>W W Eichelberger</i>			
Address				<i>Shenandoah</i>			
Accident or Suicide?							





Name  
in  
Full

Stephen Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Roover</u> Town		<u>Howard</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>aug</u>	Day <u>28<sup>th</sup></u>	Age <u>8</u> Years	Months <u>4</u>	Days <u>4</u>
Sex <u>male</u>	Color or Race <u>colored</u>		Birth-place <u>Roover Ind</u>		
<del>Occupation</del>		Where Residing if not at place of death <u>at home</u>			
<del>Married, Single or Widowed</del>		<del>Name of Wife or Husband</del>			
Father's Name <u>John W. Dorsey (colored)</u>			Father's Birthplace <u>Glenwood Ind</u>		
Mother's Maiden Name <u>Leana V. Smith ("")</u>			Mother's Birthplace <u>Roover Ind</u>		
Name of person giving information <u>John W. Dorsey</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <u>cholera - infantum</u>	How long <u>3 days</u>
Immediate <u>exhaustion</u>	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Bern. F. Shipley M.D.</u>
<u>alpha</u>	Address <u>Howard Co P Ind</u>
Accident or Suicide? _____	

11/11/11

X



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

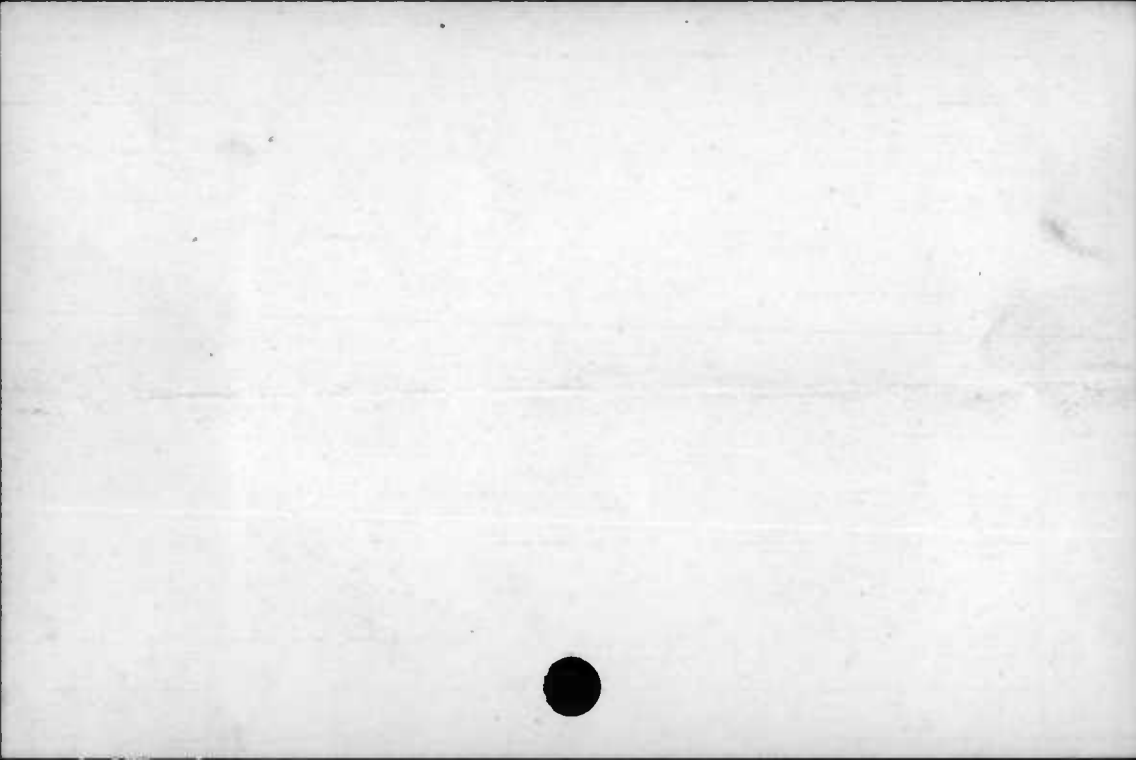
Died <i>near Sykesville</i>		Town <i>Sykesville</i>		County <i>Adams</i>		MARYLAND	
Date of death	1907	Month	8	Day	4	Age	64
Sex	Male		Color or Race	White		Birth-place	Ind -
Occupation	Fertil. Agent			Where Residing if not at place of death			-
Married, Single or Widowed	Single			Name of Wife or Husband			<i>Eliza Margaret Walters (decd)</i>
Father's Name	<i>Upton Dorsey</i>			Father's Birthplace			Ind -
Mother's Maiden Name	<i>Sophia Bradford</i>			Mother's Birthplace			Ind -
Name of person giving information	<i>Wm. B. Dorsey</i>			How related to deceased			Bro -

## CAUSES OF DEATH

(66)

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Paralysis</i>	How long -
Are the name, age, sex, color, date and place correctly given above?	yes
Signature of Physician	<i>M. Frank Lucas M.D.</i>
Address	<i>Sykesville, Ind -</i>
Accident or Suicide?	<i>Good Death</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

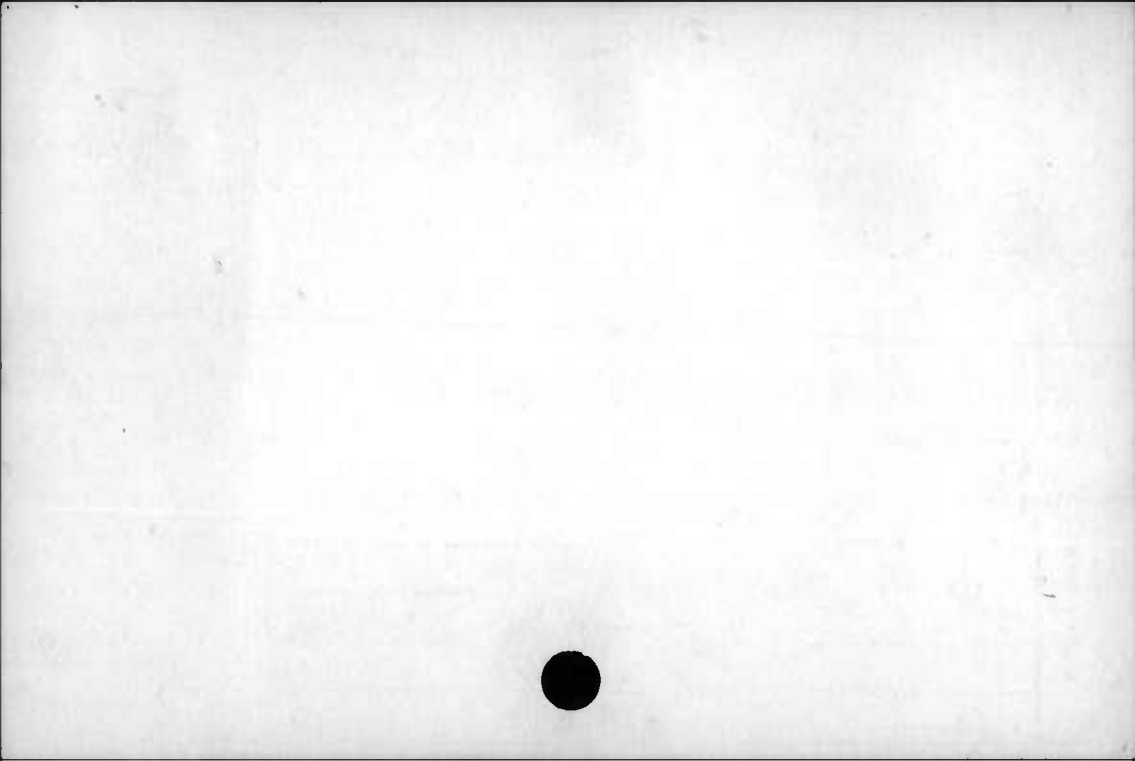
Died at <i>Alpha</i> <sup>Town</sup>		<i>Honard</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1904 Aug.</i> <sup>Month</sup>	<i>20</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>2</i> <sup>Months</sup>	<i>8</i> <sup>Days</sup>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-Place	<i>Honard Co</i>
Occupation	<i>—</i>				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<i>Geo. P. Blohr</i>			Father's Birthplace	<i>Harwood Co</i>
Mother's Maiden Name	<i>Louisa J. Brynolds</i>			Mother's Birthplace	<i>Baltimore Co</i>
Name of person giving information	<i>Geo. P. Blohr</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	<i>Indigestion</i>	How long	<i>Short time</i>
Immediate	<i>Marathon from same</i>	How long	<i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>C. H. Neffinger M.D.</i>	
		Address	
		<i>Sylvester</i>	
Accident or Suicide?			



Name  
in  
Full

Myra J. Freet-

## CERTIFICATE OF DEATH

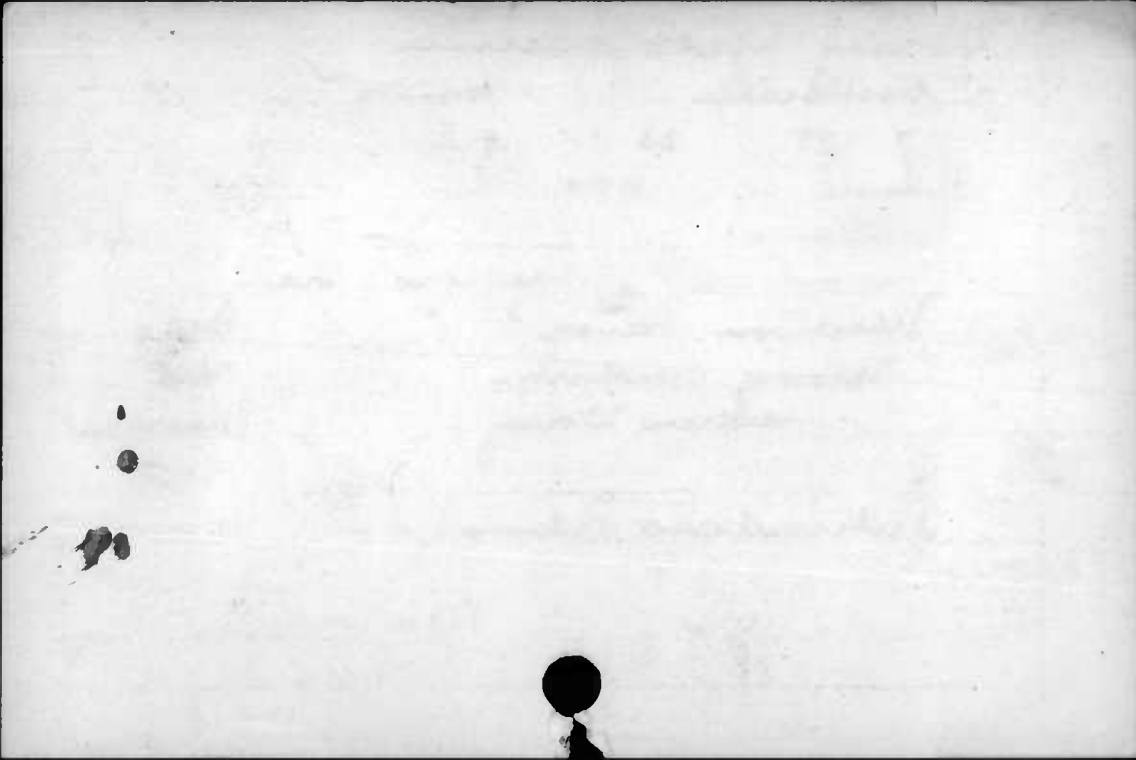
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Waterloo</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>8</i> <small>Month</small>	<i>3</i> <small>Day</small>	Age <i>42</i>	<i>2</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Shippensburg Pa.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Waterloo</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>S. H. Freet-</i>				
Father's Name <i>G. W. Hoeflesanger</i>	Father's Birthplace <i>Shippensburg Pa</i>				
Mother's Maiden Name <i>K. D. Block</i>	Mother's Birthplace <i>Ferrisburgh</i>				
Name of person giving information <i>S. H. Freet-</i>	How related to deceased <i>husband</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i> <span style="border: 1px solid black; border-radius: 50%; padding: 5px;">1</span>	How long <i>8 days</i>
Immediate <i>Uterine hemorrhage</i>	How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. J. Hammond</i>
	Address <i>Jessup Md</i>
Accident or Suicide? <i>No</i>	





Name in Full		George Garner		Town		County		Howard		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		22		Aug.		2		Age		Years	
	Date of death		1907		Aug.		2		Age		Months	
	Sex		Male.		Color or Race		Coloured.		Birth-place			
	Occupation		Farm Laborer		Where Residing if not at place of death							
	Married, Single or Widowed		Widowed		Name of Wife or Husband		<del>Scotman</del>					
	Father's Name				Father's Birthplace							
	Mother's Maiden Name				Mother's Birthplace							
	Name of person giving information				How related to deceased							
<div style="text-align: center;">CAUSES OF DEATH</div>												
PHYSICIAN OR CORONER	Primary		Chronic Heart & Kidney Diseases.		How long		5 years.					
	Immediate		Don't know.		How long							
	Are the name, age, sex, color, date and place correctly given above?		—		Signature of Physician		J. W. Lacy.					
	Address											
<div style="text-align: center;">Accident or Suicide?</div>												



Name  
in  
Full

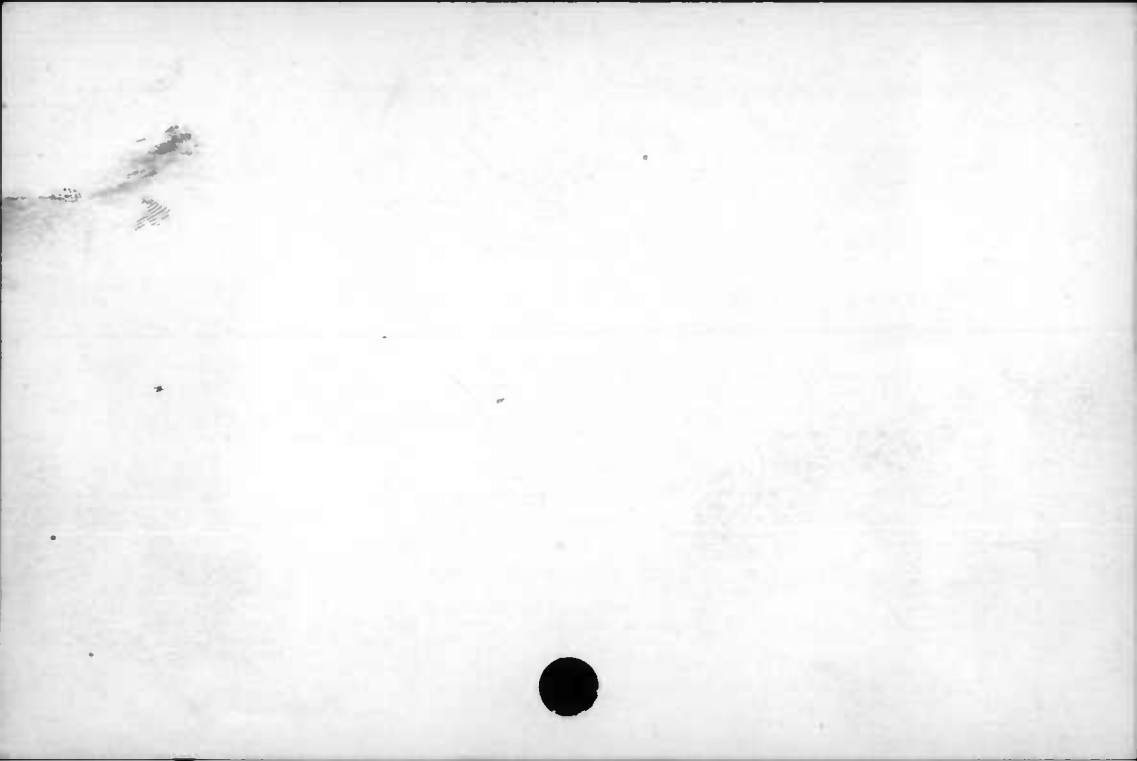
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Laurel</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>aug</i>		Day <i>11</i>		Age <i>22</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>md</i>		Months <i>—</i>	
Occupation <i>House keeper</i>		Where Residing if not at place of death		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Name <i>Johnny boatley</i>		Father's Birthplace <i>md</i>	
Mother's Maiden Name <i>Sopa Gibson</i>		Name of person giving information <i>Sopa Gibson</i>		Mother's Birthplace <i>md</i>		How related to deceased <i>Mother</i>	

## CAUSES OF DEATH

Primary <i>Typhoid Fever</i>	How long <i>5 weeks</i>
Immediate <i>Meningitis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>JR Hunt</i>
	Address <i>Laurel</i>
Accident or Suicide?	<i>md</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

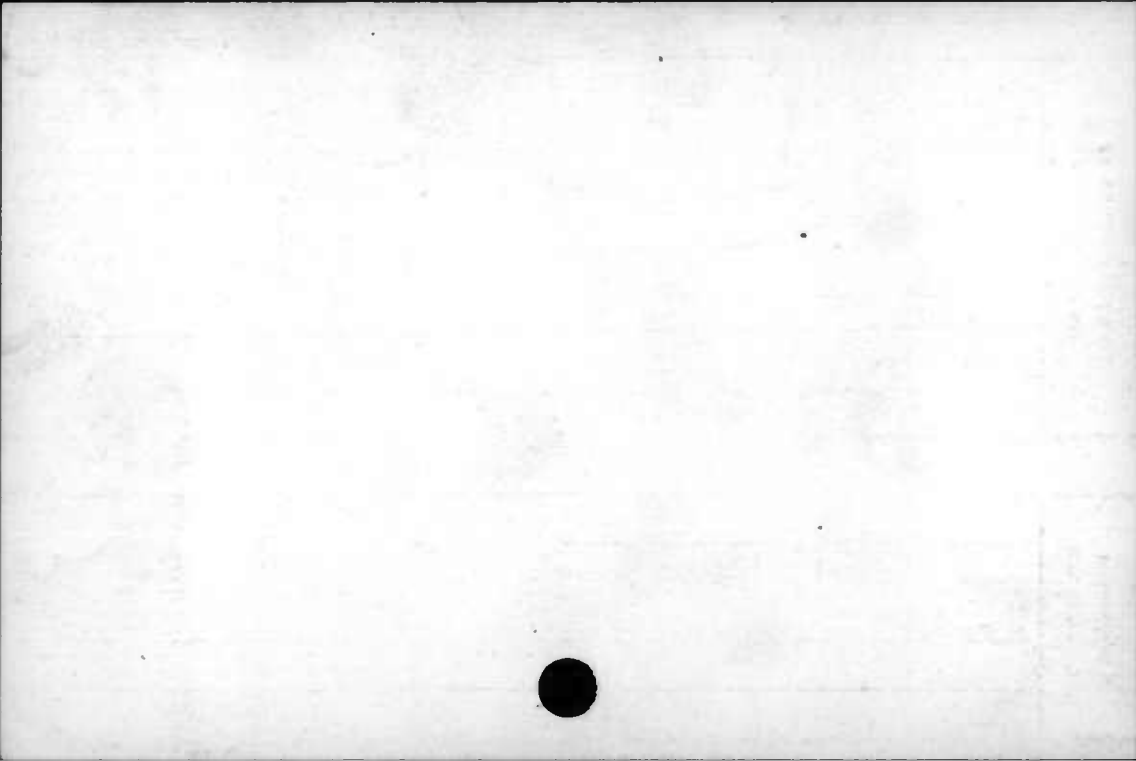
Died at (near) <b>Town</b> <i>Mayfield</i>		<b>County</b> <i>Howard</i>		<b>MARYLAND</b>	
<b>Date</b> of death <b>1907</b>	<b>Month</b> <i>Aug</i>	<b>Day</b> <i>28<sup>th</sup></i>	<b>Age</b> <i>3</i>	<b>Months</b> <i>6</i>	<b>Days</b> <i>28</i>
<b>Sex</b> <i>Male</i>		<b>Color or Race</b> <i>German</i>		<b>Birth-place</b> <i>Baltimore</i>	
<b>Occupation</b> <i>none</i>			<b>Where Residing if not at place of death</b> <i>at home</i>		
<b>Married, Single or Widowed</b> <i>Single</i>		<b>Name of Wife or Husband</b>			
<b>Father's Name</b> <i>Emil Gohrband</i>			<b>Father's Birthplace</b> <i>Germany</i>		
<b>Mother's Maiden Name</b> <i>Barba Hafer</i>			<b>Mother's Birthplace</b> <i>Germany</i>		
<b>Name of person giving information</b> <i>Arnold Gillgasch</i>			<b>How related to deceased</b> <i>Stepfather</i>		

## CAUSES OF DEATH

(28)

PHYSICIAN  
OR CORONER

<b>Primary</b> <i>Tubercular Meningitis</i>	<b>How long</b> <i>about 6 weeks</i>
<b>Immediate</b> <i>Systemic exhaustion</i>	<b>How long</b> <i>1 week</i>
<b>Are the name, age, sex, color, date and place correctly given above?</b> <i>yes</i>	<b>Signature of Physician</b> <i>Bert F. Shipley</i>
<i>alpha</i>	<b>Address</b> <i>Howard Co Md</i>
<b>Accident or Suicide?</b>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Joseph Eberhard Hanke* County *Howard*Died at *Elk Ridge* Town *Elk Ridge*Date of death *1907 Aug.* Month *Aug.* Day *23*Age *77* Years *77* Months *—* Days *—*Sex *Male*Color or  
Race *White*Birth-  
place *Germany*Occupation *Blacksmith*Where Residing if not  
at place of death *Elk Ridge*Married, Single  
or Widowed *Married*Name of Wife or  
Husband *Anne Catherine Sheek*Father's  
Name *Unknown*Father's  
Birthplace *Germany*Mother's  
Maiden Name *Unknown*Mother's  
Birthplace *Germany*Name of person giving  
In formation *Mr. Anne C. Hanke*How related  
to deceased *wife*

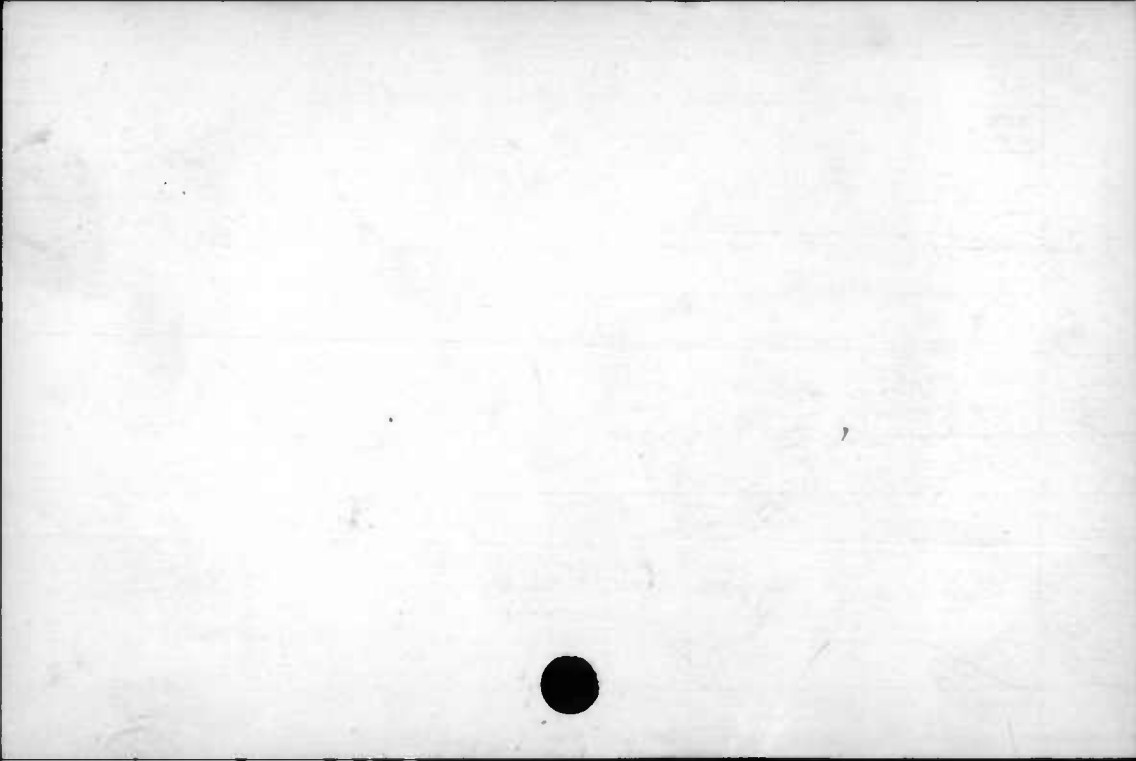
## CAUSES OF DEATH

Primary

*Chr. Int. Nephritis*How long *10 years*

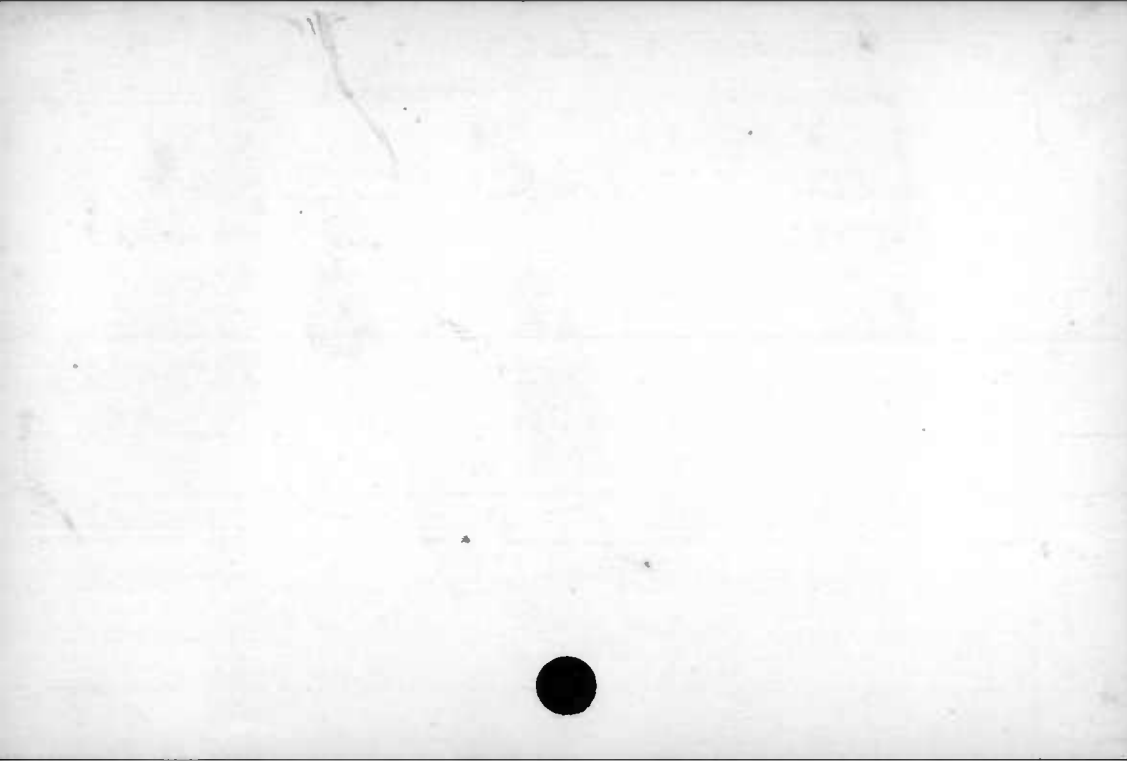
Immediate

*Haemia. Bronchitis*How long *1 week*Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician *M. R. Careckson*Address *Elk Ridge, Md.*Accident or Suicide? *6*





Name in Full		Edward A. Jess		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at Town Durrump		County Howard		MARYLAND	
	Date of death 1907		Month 8		Day 24	
	Age Years		Months 0		Days	
	Sex male		Color or Race white		Birth- place Md	
	Occupation Infant		Where Residing If not at place of death at Home			
	Married, Single or Widowed single		Name of Wife or Husband			
	Father's Name Edward M. Jess		Father's Birthplace Md			
	Mother's Maiden Name Sallie C. Dixon		Mother's Birthplace Md			
Name of person giving Information George H. Jess		How related to deceased Uncle				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary Improper feeding		How long 3 or 4 weeks			
	Immediate Enteric colic		How long 3 weeks			
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician R. A. Hammond			
			Address Durrump Md			
	Accident or Suicide? Neither		per 2nd			



Name  
in  
Full

Mary Adelia Knock

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Forest Glen<sup>County</sup> Howard

MARYLAND

Date of death 1907 Aug.

Day 8

Age 63

Months 1

Days 21

Sex Female

Color or Race White

Birth-place Lisbon, Md

Occupation Housewife

Where Residing if not at place of death

Married, Single or Widowed

Name of ~~Wife~~ or Husband

Charles Sydney

Father's Name Benjamin F. Barnes

Father's Birthplace Lisbon Md

Mother's Maiden Name Elizabeth Breunison

Mother's Birthplace Unionville

Name of person giving information Charles Morris Knock

How related to deceased Son

## CAUSES OF DEATH

93

Primary Central Pneumonia

How long Four days

Immediate Heart Failure

How long Two days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. Albert Rice, M.D.

Address

Lisbon

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

Jacob L Krah

Town

Elioak

County

Howard

MARYLAND

Died at

Date

of death 1907

Month

Aug.

Day

8

Age

Years

80

Months

no

Days

no.

Sex

Male

Color or  
Race

White

Birth-  
place

Germany.

Occupation

Store Keeper

Where Residing if not  
at place of death

Elioak

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Marg. E. Krah.

Father's  
Name

Don't know

Father's  
Birthplace

Germany.

Mother's  
Maiden Name

Don't know

Mother's  
Birthplace

Germany.

Name of person giving  
In formation

Mollie Brown

How related  
to deceased

Daughter

## CAUSES OF DEATH

154

Primary

Senile degeneration

How long

~~~~~

Immediate

Arteriosclerosis

How long

~~~~~

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

M. W. B. Hognes  
Elioak, Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Daniel Laumann

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

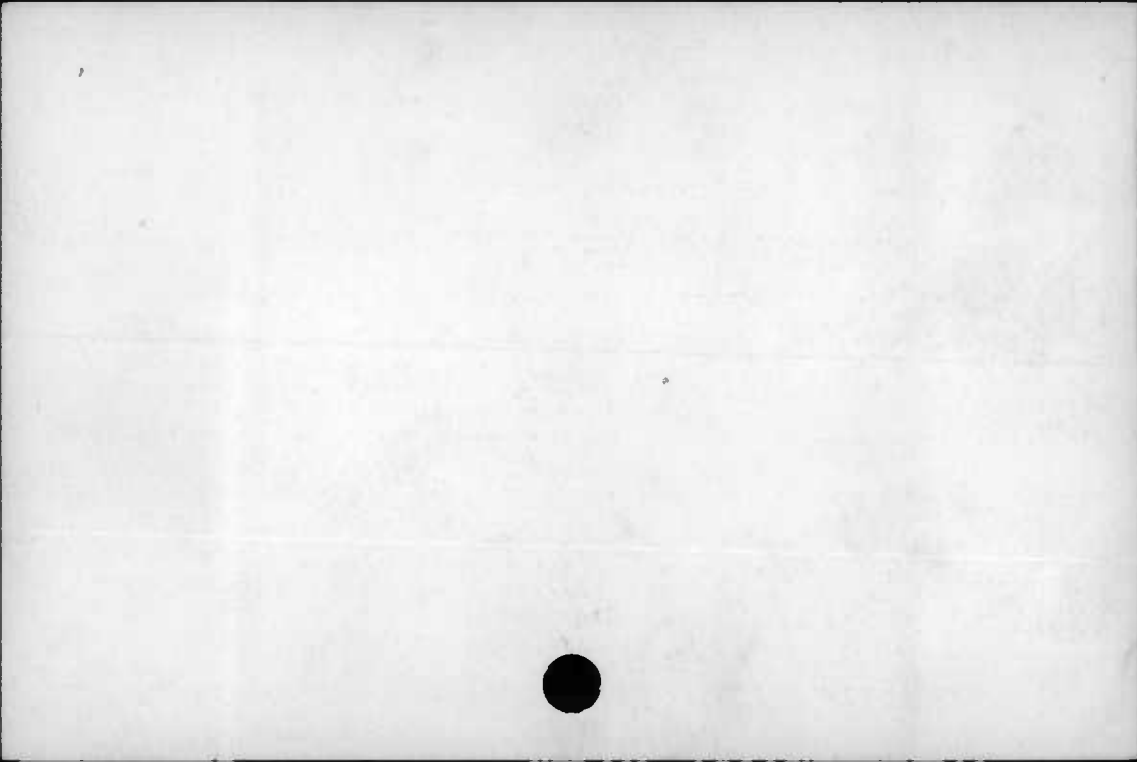
Died at		Town <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	<i>1907</i>	<i>Aug</i>	<i>26</i>	<i>78</i>	<i>no</i>	<i>no</i>	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Germany</i>
Occupation	<i>Store Keeper</i>			Where Residing if not at place of death			<i>Ellicott City</i>
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband		<i>none</i>		
Father's Name	<i>don't know</i>				Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>don't know</i>				Mother's Birthplace	<i>Germany</i>	
Name of person giving information	<i>Milton H Easton</i>				How related to deceased	<i>Grand Son</i>	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Failure of heart disease</i>		How long	<i>Don't know</i>
Immediate	<i>Brain's Cerebrum</i>		How long	<i>4 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>John B. Thomas MD</i>	
		Address	<i>Ellicott City, Md</i>	
Accident or Suicide?				





Name  
in  
Full

## CERTIFICATE OF DEATH

William H. Mackenzie

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ellicott City</i> <sup>Town</sup>		<i>Howard</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Aug</i>	Day <i>28</i>	Age <i>74</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Plasterer</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elizabeth Punstine</i>				
Father's Name <i>Israel Mackenzie</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Martha Beard</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Elizabeth Mackenzie</i>	How related to deceased <i>Wife</i>				

## CAUSES OF DEATH

Primary	<i>Senile Degeneration</i>
Immediate	<i>Cerebrum</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>
Accident or Suicide?	<i>No</i>

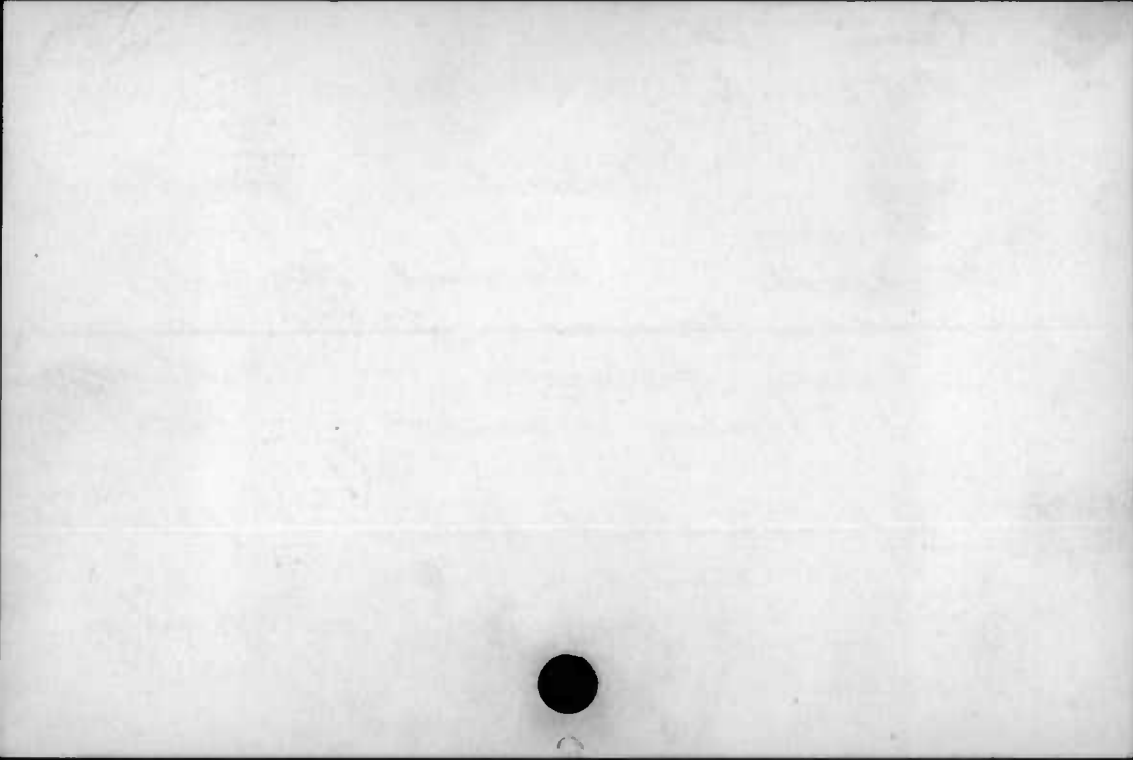
How long

How long

Signature of Physician

Address

*J. M. B. Thomas MD*  
*Ellicott City, Md*



Name  
in  
Full

Carrie Marlow

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

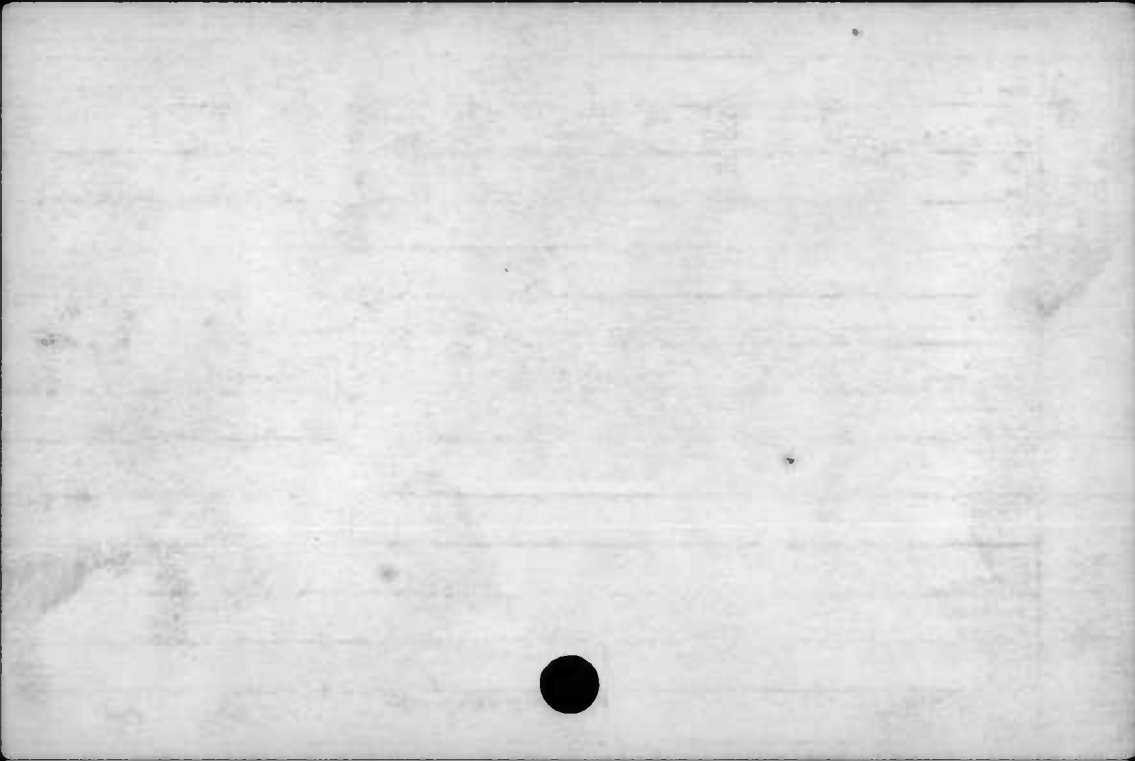
Died at <i>West Friendship</i> <sup>Town</sup>			<i>Howard</i> <sup>County</sup>			MARYLAND	
Date of death <i>1907</i>		<i>Aug</i> <sup>Month</sup>	<i>20</i> <sup>Day</sup>	<i>32</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>	
Sex <i>Female</i>	Color or Race <i>Colored</i>			Birth-place <i>Maryland</i>			
Occupation <i>House work</i>				Where Residing if not at place of death <i>with father</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Samuel Marlow</i>					
Father's Name <i>James Johnson</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Lucy Davis</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Emery Johnson</i>				How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>12 months</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Smith Jr.</i>
	Address <i>West Friendship</i>
Accident or Suicide? <i>no —</i>	<i>Howard Co., Md.</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Bella May Murphy*

Town *Elchester* County *Hawara*

Died at *Elchester*

Date of death *1907* Month *Aug.* Day *18* Age *20* Years Months *2* Days *1*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *None* Where Residing if not at place of death *Elchester*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Washington G. Murphy* Father's Birthplace *Maryland*

Mother's Maiden Name *Grace May Myers* Mother's Birthplace *Maryland*

Name of person giving information *Washington G. Murphy* How related to deceased *Father*

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary *Cholera Infantum* How long *3 days*

Immediate *As the virus* How long *18 hrs*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Cavey Cemetery

Name  
in  
Full

No Name

Needham

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ellicott City Md</i>		County <i>Hovards</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>unknown</i>	Age <i>0</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Ellicott City Md</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>In Uterus - of Mother</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Mother Emma Needham</i>				
Father's Name <i>Unknown</i>	(8)		Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Emma Needham</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Grand Mother</i>	<i>Martha Needham</i>		How related to deceased <i>Grand Mother</i>		

## CAUSES OF DEATH

(8)

PHYSICIAN  
OR CORONER

Primary <i>Unknown</i>	How long <i>Unknown</i>
Immediate <i>Unknown</i>	How long <i>Unknown</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. J. Ryina -</i>
<i>Was a miscarriage of third month</i>	Address <i>Ellicott City Md.</i>
Accident or Suicide?	

Geo. Wilson lot



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Wm Eagle Squire*

Town *Sykesville* County *Howard* MARYLAND

Died at *Sykesville*

Date of death 190 *7* Month *Aug* Day *6* Age *—* Years *—* Months *4* Days *20*

Sex *Male* Color or Race *African* Birth-place *Howard Co.*

Occupation *none* Where Residing if not at place of death *at home*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *John W. Squire* Father's Birthplace *Carroll Co.*

Mother's Maiden Name *Lizzie Robinson* Mother's Birthplace *Howard Co.*

Name of person giving information *John W. Squire* How related to deceased *father*

CAUSES OF DEATH

*105*

PHYSICIAN  
OR CORONER

Primary *Inflammation bowels* How long *4 wks*

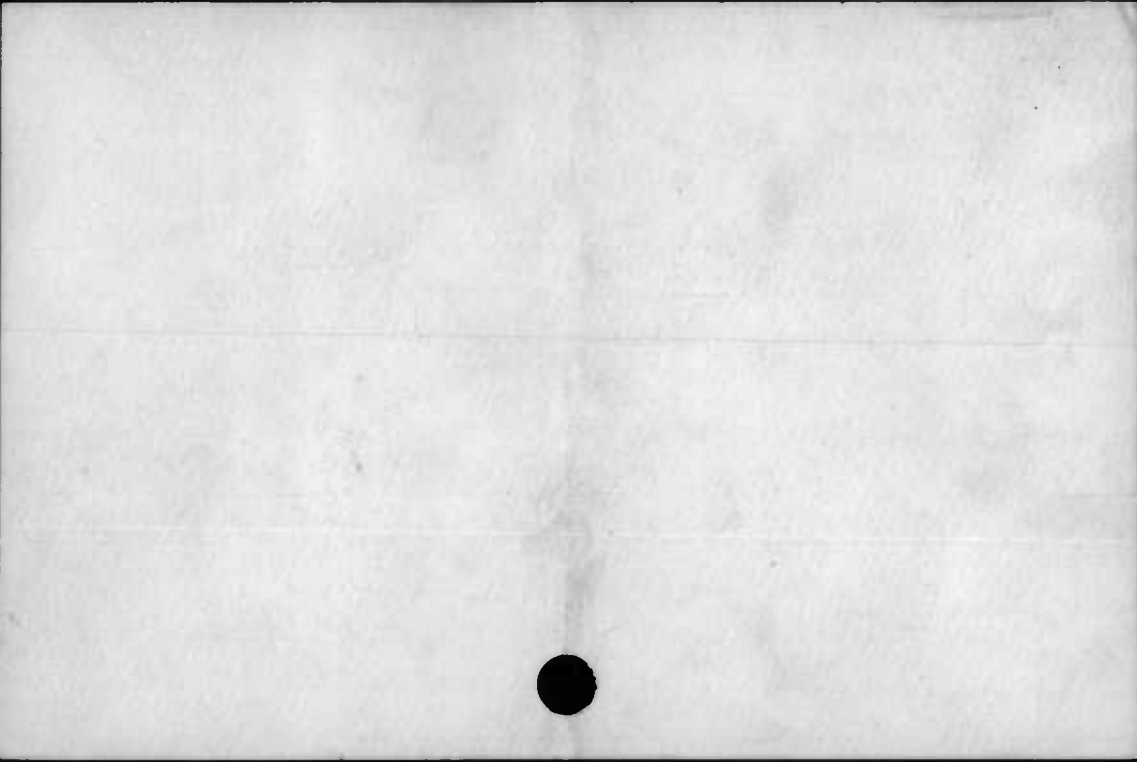
Immediate *Effects of above* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *C. H. H. H. H.*

Address *Sykesville Md*

Accident or Suicide? *—*



Name  
in  
Full

Harriett Ann Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

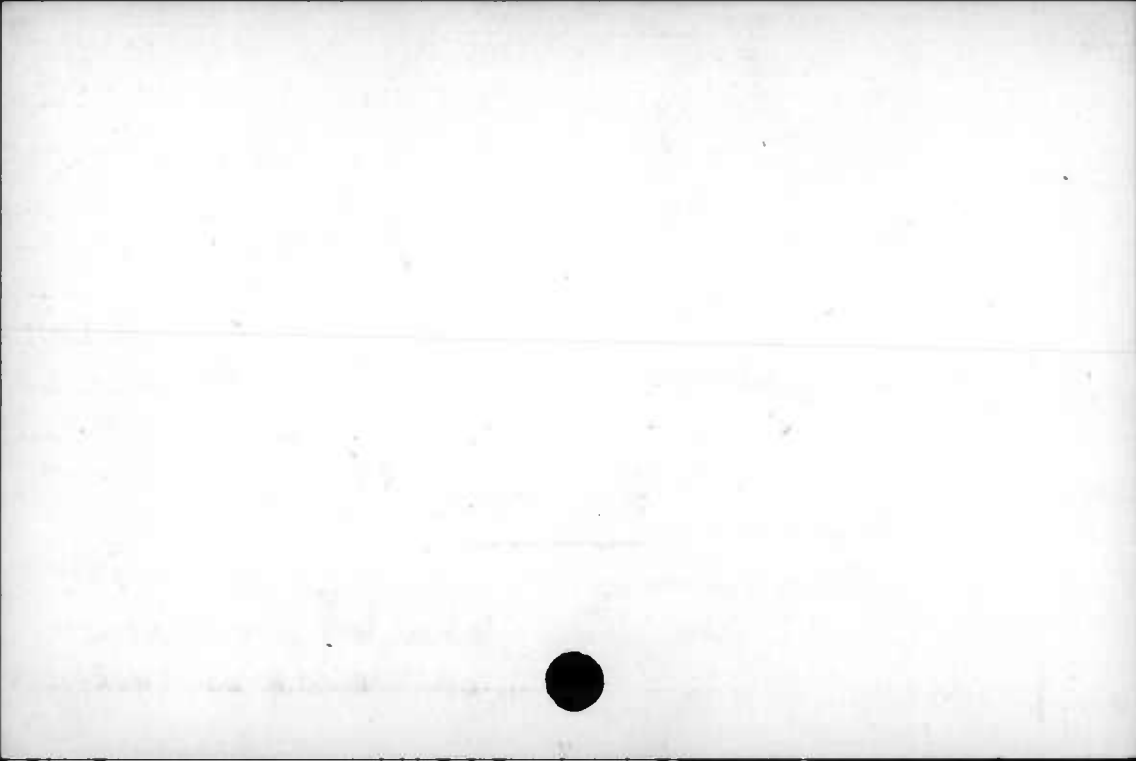
Died at <u>Dayton</u> Town		<u>Howard</u> County		MARYLAND	
Date of death <u>1907 Aug</u> Month		<u>5</u> Day	<u>73</u> Years	<u>—</u> Months	<u>—</u> Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>			
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>Ind</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Frank Walker</u>				
Father's Name <u>Do not know</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Do not know</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>J. A. Nichols</u>		How related to deceased <u>Physician</u>			

## CAUSES OF DEATH

(64)

PHYSICIAN  
OR CORONER

Primary	<u>Cerebral Hemorrhage</u>	How long	<u>1 Week</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. A. Nichols</u>	
		Address <u>Dayton Ind</u>	
Accident or Suicide?			



Name in Full		Florence Welles				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Guilford	Town	Stoward	County	MARYLAND	
	Date of death	1907	Aug	1	Age	80	9 Months 20 Days
	Sex	female	Color or Race	white	Birth-place	Guilford	
	Occupation	house	Where Residing if not at place of death		near Guilford		
	Married, Single or Widowed	single	Name of Wife or Husband	house			
	Father's Name	Chas Welles	Father's Birthplace	4	ard Co		
	Mother's Maiden Name	Henrietta Schlippegrill	Mother's Birthplace	Howard	Co		
Name of person giving information	Chas Welles	How related to deceased	Father				
<div>CAUSES OF DEATH</div> <div>36</div>							
PHYSICIAN OR CORONER	Primary	Hereditary Cues				How long	
	Immediate	Inanition				How long 6 mo	
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	
					Address		Guilford
Accident or Suicide?				Howard Leo			

Burkett's Chapel

Name  
in  
Full

Pearl Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

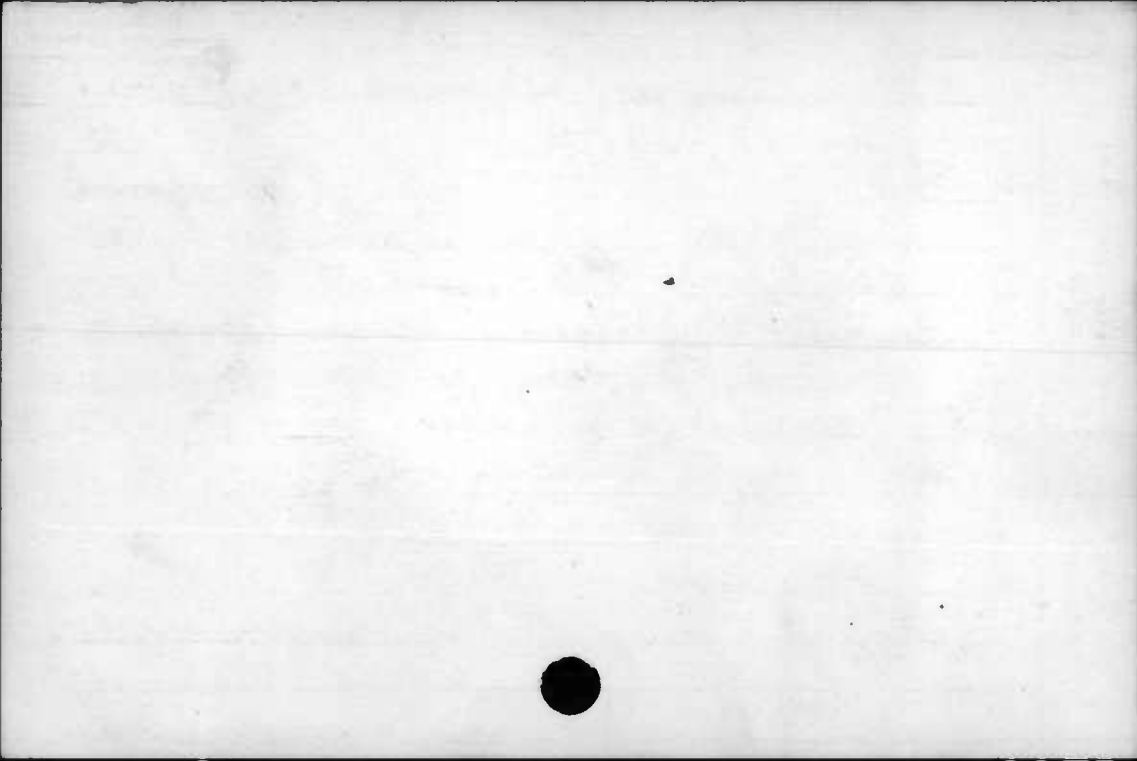
Died at		Town Glenwood		County Howard		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Aug	19	—	—	11	
Sex	Female		Color or Race			Birth-place	Glenwood
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	Infant		Name of Wife or Husband	John Williams			
Father's Name	John Williams				Father's Birthplace	Md and Co	
Mother's Maiden Name	Annin Ponds				Mother's Birthplace	Md and Co	
Name of person giving information	Mrs Williams				How related to deceased	Father	

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	Malnutrition	How long	From time of birth
Immediate	Septicemia	How long	7 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Dr. G. W. Eichelberger	
		Address	
		Glenwood	
		Maryland	
Accident or Suicide?			





Name  
in  
Full

Edward Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pfeiffers corner</i>		County <i>Howard</i>		MARYLAND	
Date of death	1907	Month	Aug	Day	3
Age	no	Years		Months	7
Sex	Male	Color or Race	white	Birthplace	Maryland
Occupation	none	Where Residing if not at place of death <i>Pfeiffers corner</i>			
Married, Single or Widowed	Single	Name of Wife or Husband	none		
Father's Name	Samuel E Wilson			Father's Birthplace	Maryland
Mother's Maiden Name	Georgie Dove			Mother's Birthplace	Maryland
Name of person giving information	Samuel E Wilson			How related to deceased	Father

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Gastro enteritis</i>	How long	<i>10 days</i>
Immediate	<i>Mania</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. A. Shree</i>	
		Address <i>Ellicott City</i>	
Accident or Suicide?			

Savage

Aug. 6/04